

Epilogue: The Consolidation of the Health Departments in Summit County, Ohio

In January 2011, as the merger of the Summit County, Akron, and Barberton health districts took effect, Summit County Health Commissioner Gene Nixon initiated an agency-wide strategic planning process. The exercise included full-staff and senior-staff planning meetings; involved an employee survey that focused on the organization's strategic goals, values, and priorities; and concluded with a staff retreat in July.¹ Out of the planning process came a new name for the agency, "Summit County Public Health," along with a focus on "addressing social inequities" in health.² However, even after refining the organization's strategic direction, many Summit County staff felt that they had not yet fully dealt with the challenges or seized the opportunities stemming from the merger. The difficulties included fully integrating the staffs from the old agencies and satisfying the questions and needs of all of the organization's clients. The opportunities, they believed, lay in the possibility of improving public health across Summit County.

Staff Integration: Policies/Procedures and Culture

One of the major obstacles in the year after the merger was fully integrating the new staffs, a process that hinged in part on making sure that new employees were versed in Summit County's policies and procedures. For example, the Akron Health Department had previously relied on the city's financial office to handle its accounting. By contrast, the Summit County Health District handled its accounting internally. As a result, many Akron staff had to learn new financial procedures. To facilitate this process, Nixon and other senior department leaders asked the Summit County personnel to mentor the Akron employees. Some former Akron staff reported that they initially found the billing procedures confusing but that they grew to appreciate having in-house fiscal support.³

While the staffs were able to address financial procedures with relative ease, another policy issue, the question of how to handle patients who could not pay proved more trying. In the Akron Health Department, which had served a relatively high-need population, the staff sometimes did not request payment from patients. Summit County, by contrast, typically served more affluent patients and always asked for remuneration, although, as Nixon explained, it never turned away a patient who could not pay. Some Akron employees were frustrated, however, as Tate and Morse noted, that they had to request payment from all patients, regardless of the income level.

¹ Interview with Gene Nixon, Stow, Ohio, March 20, 2012. Hereafter cited as "Nixon interview." Unless noted, subsequent quotations from and attributions to Nixon come from this interview as well as several follow-up telephone interviews.

² Summit County Public Health, "2012 Strategic Plan Final Report," September 2011, available at <http://www.scphoh.org/PDFS/PDF-Reports/2012%20Strategic%20Plan.pdf> [accessed on June 11, 2012], 4, 7. Hereafter cited as Summit County Public Health, "2012 Strategic Plan..."

³ Interview with JoAnne Tate and Anne Morse, Stow, Ohio, March 21, 2012. Hereafter cited as Tate and Morse interview. Unless noted, subsequent quotations from and attributions to Tate and Morse come from this interview. The remainder of this section draws heavily from this interview.

The challenge of integrating the three staffs revolved around not only learning policies and procedures but also establishing a strong staff culture. In the year after the merger, many personnel continued to associate themselves and one another with their old agencies. This stemmed in part from changes in physical work settings. Before the merger, most of the Summit County staff had worked in a modern facility surrounded by flowers and green lawns in the bucolic suburb of Stow, Ohio (See Exhibit A). Now, many of those personnel reported to the Morley Building, a concrete facility in downtown Akron where the paint was peeling, some of the walls had holes, and personnel got their office furniture from “Morley Mart,” a pile of desks and tables on the bottom floor of the building’s parking garage (See Exhibit B). Uncomfortable with their environment, some Summit County staff did not fully embrace their new setting and colleagues. This contributed to a broader feeling, according to Tate and Morse, among many Summit and Akron personnel that there remained an “us” and “them.”

To ameliorate intra-staff tension, Nixon and his leadership team implemented a number of team-building initiatives. For example, they had a staff contest to create a logo for the new organization. They also created committees on which personnel from a variety of departments participated, providing for cross-department interaction and giving employees a larger stake in the new agency. Above all, Nixon emphasized that his door was “always open” and encouraged staff to share their concerns with him. These initiatives helped to decrease animosity among the groups; but a sense of dissonance persisted, one that many staff anticipated would not disappear completely at least until the agency relocated to a new facility. Nixon and other senior leaders were actively exploring this possibility, but they said that it might take years to complete.

Client Services

While the primary internal obstacle was integrating the staffs, the crucial external challenge was addressing the needs and concerns of leaders in Akron, Barberton, and other jurisdictions served by Summit County Public Health. In particular, Akron and Barberton leaders wanted to ensure that their citizens did not lose any services due to the merger. As a result, Summit County’s health department had to restructure its programs. For instance, before the merger, Barberton had its own vital statistics office. After the merger, however, vital records were consolidated into one office in downtown Akron. Summit County Public Health therefore offered a courier service that transferred vital statistics documents to Barberton.⁴ To cite another example, Summit County Public Health enlarged its clinical services to incorporate many programs previously found in Akron, such as an STD Clinic and health screenings for refugees.⁵

Nonetheless, one year after the merger, it was unclear how consolidation had affected public health services. Researchers at Kent State University measured the change in public health services in Summit County from 2010 to 2011 across 26 areas (e.g. food service inspection, pre-natal care, etc.). It found that services increased in 11 sectors, declined in 12 areas, and remained constant in 3 others. A survey of staff-members conducted by Kent

⁴ Interview with Bob Genet, Barberton, Ohio, March 21, 2012; and Tom Quade, personal communication, June 28 and July 5, 2012.

⁵ Summit County Public Health, “Annual Report 2011,” available at <http://www.scphoh.org/PDFS/PDF-Reports/AR2011forweb.pdf> [accessed on June 11, 2012], 4. Hereafter cited as Summit County Public Health, “Annual Report 2011.”

State researchers was similarly inconclusive. 61% of personnel reported that service levels had been maintained from 2010-2011, but only 41% felt that services had improved. Moreover, many of the staff who said that services remained constant attributed this consistency to staff who overcame operational difficulties during the transition.⁶

The new health district also faced questions from its clients about the merger's financial impact. In pitching the health department merger, Gene Nixon had said that consolidation could reduce costly redundancies and make the region more competitive for public health grants. According to analysis from the Summit County Public Health finance team, the merger reduced public health costs for Akron and Barberton by \$1.3 million and \$186,674, respectively, while contributions from other communities in Summit County remained the same (See Exhibit C). The savings came in part because some administrative staff in Akron accepted voluntary retirement packages from the City of Akron prior to the merger. In other words, according to this analysis, the merger saved money by eliminating the need to fill preexisting vacancies.⁷

At the same time, it was unclear how the merger had affected the region's competitiveness for public health grants. On the one hand, the federal government announced in September 2011 that the Austen BioInnovation Institute and Summit County Public Health were co-recipients of a \$500,000 Community Transformation Program grant.⁸ This was a major coup for the health district, and some staff thought they won the grant because of the merged department's blend of a large population (more than 500,000 total residents) with several high-need sub-populations in Akron and Barberton.⁹ On the other hand, total grant funding for Summit County Public Health fell from 2010 to 2011 by more than \$2 million. The decrease, officials speculated, may have resulted from the economic downturn.¹⁰

In addition to restructuring programs and analyzing the merger's financial impact, Summit County Public Health had to tend to and anticipate the unique circumstances of each jurisdiction it served. As a result, Summit

⁶ John Hoornbeek, Aimee Budnik, Tegan Beechey, and Josh Filla, "Consolidating Health Departments in Summit County, Ohio: A One Year Retrospective," Kent State University, June 29, 2012, available at <http://www.co.summit.oh.us/executive/newsreleases/2012/Consolidating%20Health%20Dept%20Report.pdf> [accessed on September 26, 2012], 33-37.

⁷ In 2010 and 2011, the City of Akron made substantial one-time severance/leave-liability payments of \$1,071,029 and \$865,495, respectively. The exceptionally large payments in 2010 made Akron's post-consolidation savings approximately \$200,000 larger than they would have been otherwise; but according to Summit County Public Health's post-consolidation financial report, the severance payments represented additional savings because they decreased the city's long-term financial liability. The savings from the decrease in leave liability were expected to be sustained because the health district did not plan to replace the staff who accepted voluntary retirement packages prior to the merger. It, therefore, would not be taking on new long-term leave liability that would have offset the benefits of paying down leave liability before the merger. "Summit County Combined General Health District Post Consolidation Financial Analysis," May 30, 2012, personal files of Gene Nixon, Stow, Ohio, 1, 8-9. Hereafter cited as Summit County Public Health, "Summit County...Financial Analysis."

⁸ Cheryl Powell, "Akron Partners Secure \$500,000 Federal Health Grant," *Akron Beacon Journal*, September 28, 2011, available at <http://www.ohio.com/news/akron-partners-secure-500-000-federal-health-grant-1.237350#> [accessed on May 10, 2012].

⁹ Interview with Tom Quade and Donna Skoda, Stow, Ohio, March 20 2012. Hereafter cited as "Quade and Skoda interview." Unless noted, subsequent quotations from and attributions to Quade and Skoda come from this interview as well as several follow-interviews with Quade.

¹⁰ Summit County Public Health, "Summit County...Financial Analysis," 4.

County Public Health maintained a separate budget detailing its expenditures on Akron.¹¹ This was a difficult task, according to Tate and Morse, given that it was unclear how to account for certain expenses but an important one because Akron Mayor Donald Plusquellic wanted proof that Akron was not losing services. Accommodating Akron, the largest city served by Summit County Public Health, required substantial effort, but Nixon and his staff also reached out to the leaders of smaller jurisdictions. For example, soon after Bill Judge defeated Bob Genet in Barberton's 2011 mayoral election (an outcome Genet attributed partially to the acrimonious merger), Gene Nixon reached out to the new mayor.¹² More broadly, Nixon, as he later explained, encouraged his team to be visible in communities and build relationships with government officials so that there would be a foundation of goodwill in the event that problems occurred.

Improving Public Health

Although the new agency faced challenges involving building *esprit de corps* and maintaining political support, Nixon and his team felt relieved and empowered finally to be able to focus on public health again. Buoyed by this enthusiasm, they chose to apply for accreditation from the national non-profit Public Health Accreditation Board. The seven-step process revolved around a health district committing to a set of public health standards and submitting to an evaluation of whether it had met those criteria.¹³ Accreditation was beneficial, as Summit County Deputy Health Commissioner Tom Quade explained, because it branded a public health district as a first-rate organization, entitled its staff to feedback about their work, and could make the organization more competitive for grants. As of spring 2012, Summit County Public Health was still in the accreditation process.

The staff also focused on how to hone the consolidated district's public health programs. Much of this was done with an eye towards "addressing social inequities," one of the focuses the organization identified in its strategic plan.¹⁴ "This perspective is a fundamental shift of focus for us," wrote Nixon in the organization's 2011 Annual Report. "We look forward to framing an action plan around these themes." By the end of 2011, his senior staff had already identified one action, creating a care coordination unit. When completed, it would consist of personnel who could help high-need residents identify a range of community resources.¹⁵ While senior staff identified new initiatives like the care coordination unit, lower-level staff members attempted to augment services by pooling knowledge. For instance, the Akron staff, as Tate and Morse explained, taught their counterparts from Summit County how to operate an STD clinic, while Summit County staff drew on their experiences to shorten appointments for patients cared for at the clinic.

¹¹ Tate and Morse interview.

¹² Interview with Bob Genet, Barberton, Ohio, March 21, 2012; and interview with William Judge, Barberton, Ohio, March 22, 2012. Hereafter cited as Judge interview. Unless noted, quotations from and attributions to Judge come from this interview.

¹³ The Public Health Accreditation Board, "What is accreditation?" available at <http://www.phaboard.org/accreditation-overview/what-is-accreditation/> [accessed on June 11, 2012]; and The Public Health Accreditation Board, "The Seven Steps of Public Health Department Accreditation," available at <http://www.phaboard.org/accreditation-process/seven-steps-of-public-healthaccreditation/> [accessed on September 26, 2012].

¹⁴ Summit County Public Health, "2012 Strategic Plan...", 4.

¹⁵ Summit County Public Health, "Annual Report 2011," 1, 4.

In the end, participants in and observers of the merger emphasized its success. Mayors Plusquellic and Judge and County Executive Russell Pry highlighted from a consumer health perspective that the transition in service provision occurred almost seamlessly, with only a handful of complaints from Barberton citizens after the merger occurred.¹⁶ For his part, James Nelson, the trustee of Bath township, marveled at the dissolution of political tension and administrative difficulties, likening it to a landscape transforming from “mountains” to “flatlands.”¹⁷ Yet, it was Dr. William Keck, a former Akron Health Director who envisioned the merger in the 1970s, who provided the most comprehensive perspective on the transformation and, through it, unearthed a broader lesson for public health professionals: “Don’t ever stop trying,” said Keck. “I’ve learned in public health that sometimes outcomes are very slow in happening, and they don’t always happen. But persistence makes sense.”¹⁸

¹⁶ Interview with Russell Pry, Akron, Ohio, March 22, 2012

¹⁷ Interview with James Nelson, Stow, Ohio, March 21, 2012

¹⁸ Interview with William Keck, Akron, Ohio, March 22, 2012.

Exhibit A: Graham Road Offices in Stow, Ohio



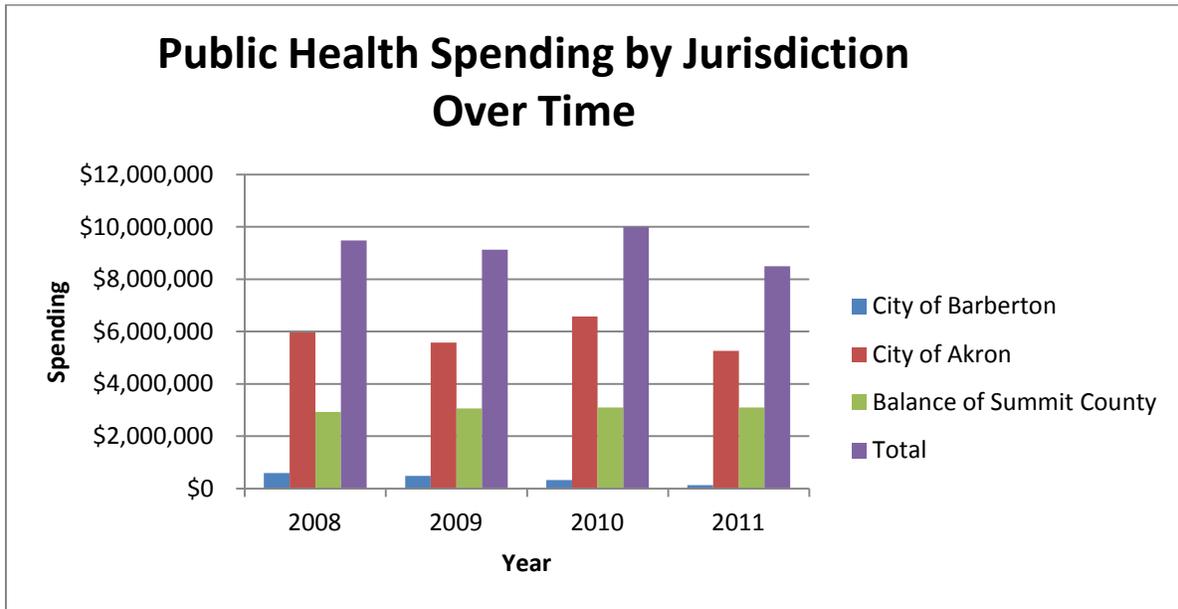
Source: The author, March 2012.

Exhibit B: The Morley Building in Akron, Ohio



Source: The author, March 2012.

Exhibit C: Public Health Expenses Pre and Post-Merger



Source: Chart adapted from data found in Summit County Public Health, "Summit County Combined General Health District Post Consolidation Financial Analysis," May 30, 2012, personal files of Gene Nixon, Stow, Ohio, 2.